Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

November 20, 2013

## **Chronic Condition Health Home**

#### What

A designated provider offering whole-person, patient-centered, coordinated care for all situations in life and transitions of care for members with specific chronic conditions.

### Who

- Adults and children with two or more specific chronic conditions, or one and at risk of developing a second.
  - Mental Health
  - Substance Use Disorder
  - o Asthma
  - Diabetes
  - Heart Disease
  - Overweight/Obesity (MBI 25 or 85 percent)
  - Hypertension

### **Program Details**

- Started July 2012 statewide
- Provider participation is voluntary
- Members opt-in based on provider engagement
- Providers paid additional incentive based on acuity of chronic conditions ranging from \$12 to \$76 per member per month (PMPM)
- Performance bonus available in 2014 for achievement of quality measures

# Health Home Statistics as of November 1, 2013

### **Providers**

- 30 entities
- 69 clinic locations
- 27 counties
- 599 individual providers

### **Members**

- 4,107 enrolled
- 480 under the age of 19

### **HH 2.0 – Coming Spring of 2014!!**

- Provider Supports
  - Move from claims based to auto payment
  - o Robust provider implementation manual
  - Communication outreach toolkit
  - PCMH transformation toolkit
  - Roll out practice facilitation/health coach training pilot
- Improvements aimed to:
  - Increase enrollment
  - Maximize improved member outcomes
  - Realize savings targets

## **Integrated Health Home**

### What

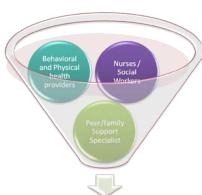
A team of professionals working together to provide whole-person, patient-centered, coordinated care for all situations in life and transitions of care.

### Who

- Chilren/youth with serious emotional disturbances (SED
- Adults with serious and persistent mental illness (SMI)

### Phase 1

- Started July 2013
- In five counties: Polk, Warren, Woodbury, Linn, and Dubuque
- 12 Community IHHs seeking and serving 15,000 adults and children
- Intense provider supports and training given to IHHs to serve SMI/SED population



**Care Coordination Health and Wellness Education Resource Direction** Family Support Services **Transitional Care Support** 

### Phase 2

- Targeted for Spring 2014
- In 29 new counties
- Estimated to seek and serve an additional 15,000 adults and children

### **Adults with SMI Pilot Outcomes**

- June 2011 July 2013
- Limited in size (750 members)
- Five participating sites in phase one counties
- Opt-in approach

26%

 Psychiatric admissions decreased by 36%

ER visits for MH reason deceased

Members using ER decreased by

- Members admitted for psychiatric reasons decreased by 40%
- 94.8% overall satisfaction by members in pilot at least 3 months (43.3% response rate)

### Questions

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